



Building Inspections

CREDIT CARD AUTHORIZATION

Credit card #: _____

Expiration Date: _____ CCV: _____

Billing address for credit card: _____

Zip code: _____

Person authorizing charges: _____

Date: _____

Signature _____

Please note that this form **WILL NOT be kept on file** and must be submitted with each permit application. It will be destroyed after payment is processed. Thank you!